

December 3, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0243-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is specialized and board certified in Neurology. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

A review of the records reveals that ___ was a 52-year-old gentleman who initially saw ___ on 8/16/00 for complaints of neck pain, headaches, left shoulder pain, left arm and leg pain, tingling and numbness. He diagnosed left cervical radiculopathy, disc protrusion and spondylosis at C5-6, disc protrusion at C6-7, possibly left C7-T1 foraminal protrusion, and possible left ulnar neuropathy.

___ also complained of neck pain and shoulder pain radiating into his left arm, according to a report by ___ on 8/23/00. He had abnormal Nerve Conduction Studies and Evoked Potential Studies of both upper extremities on that visit. He had a needle EMG Study of both upper extremities which was normal without evidence of radiculopathy.

A cervical myelogram/CT scan on 6/25/01 showed central stenosis, maximum at C6-7 with a 2-3 mm disc protrusion leaving an 8 mm residual mid sagittal dural diameter on CT scan. There was also a central stenosis at C5-6 with retrolisthesis of 2 mm and bilateral

root sleeve defects at both C6 and C7. There is a 2 mm right foraminal protrusion at C7-T1 and a 1-2 mm diffuse central protrusion with spondylosis at C4-5.

The claimant had surgery on the cervical spine by ____ on 3/21/02 consisting of an anterior cervical discectomy at C5-6, a partial C5 corpectomy, excision of herniated disc, resection of spurs, spinal cord nerve root decompression, bilateral C5-6 foraminotomies, anterior cervical fusion at C5-6, anterior cervical microdiscectomy at C6-7 with a partial C6 corpectomy, excision of herniated discs and spurs, spinal cord nerve root decompression, bilateral C6-7 foraminotomies, anterior cervical fusion at C6-7 with instrumentation between C5 and C7 with Titanium plate and screws. ____ noted residual right arm and right trapezius pain on 4/22/02 with resolution of his left cervical radiculopathy on that visit. Plain x-rays of the cervical spine on 6/13/02 showed metal and bony C5 through C7 fusion in anatomic position with no motion at C5-6 but persistent motion at C6-7 on flexion and extension views. A CT scan of the cervical spine, performed on 7/11/02 because of persistent neck and right upper extremity pain, revealed fixation devices between C5 and C7 without evidence of solid bony confluence with diffuse disc protrusion at C4-5 and probably at C7-T1. Compared to the previous study of 6/25/01, there was interval separation of the tip of the left transverse process of C7. The last report available from ____ office is dated 9/20/02, at which time his impression was residual cervical radiculopathy with trapezius trigger points, improved with trigger point injections. He recommended physical therapy and a follow-up in eight weeks. ____ was noted to have continued numbness and tingling in the right index and right 3rd fingers.

REQUESTED SERVICE

____ is requesting EMG/NCV studies of the upper extremities for ____.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

An EMG/NCV Study of the right upper extremity is medically indicated.

An EMG/NCV Study of the left upper extremity is not medically indicated.

BASIS FOR THE DECISION

____ did sustain a cervical injury in the accident that occurred on ____ and underwent a 3-level cervical fusion between C5 and C7 on 3/21/02. As ____ left upper extremity radicular symptoms were alleviated by surgery, there is no medical indication to perform an EMG/NCV study of the left upper extremity. However, given the claimant's continued complaints of numbness and tingling in his right hand to include the index and 3rd fingers, an EMG/NCV Study of the right upper extremity is medically indicated and necessary, and is the standard of care in the neurologic medical community.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).